

MARCUS J. MOLINARO
19TH DISTRICT, NEW YORK

HOUSE COMMITTEE ON
TRANSPORTATION
AND INFRASTRUCTURE

Congress of the United States
House of Representatives
Washington, DC 20515-3219

1207 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5441

HOUSE COMMITTEE
ON AGRICULTURE
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March 31, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Service
200 Independence Avenue SW
Washington, D.C. 20201

RE: The Honorable Kathleen C. Hochul
Governor
State of New York
NYS State Capitol Building
Albany, NY 12224

Dear Administrator Brooks-LaSure:

As you know, Congress took unprecedented action during the onset of the COVID-19 pandemic to ensure continuous and comprehensive coverage for children and families in Medicaid and the Children's Health Insurance Program (CHIP). The Families First Coronavirus Response Act (FFCRA) provided a continuous enrollment provision for Medicaid and CHIP and ensured states did not cut eligibility or make it more difficult for families to enroll during the public health emergency (PHE). As a result, millions of Medicaid beneficiaries have been continuously enrolled since the enactment of the Medicaid continuous eligibility in March 2020, as included in the FFCRA.

States will soon start conducting redeterminations and disenroll ineligible beneficiaries from state Medicaid programs beginning April 1, 2023 and will have 12 months to undergo renewals and 14 months to complete them. State Medicaid agencies will soon be conducting eligibility redeterminations for the first time in almost three years. This process will be a massive undertaking for New York as those enrolled in Medicaid and CHIP will have to reenroll in health insurance coverage.

The New York State of Health (NYSOH) will begin the redetermination process for more than 7 million New Yorkers who enrolled in Medicaid and CHIP. I know many beneficiaries, especially in the district that I represent, are wondering what this process will look like and how they and their families will be impacted by this redetermination process.

I thank you for CMS' work to inform state Medicaid agencies on disenrollment plans and identify technical assistance needs as states prepare to return to normal eligibility and enrollment operations. As you are aware, this will not be an easy feat – many state Medicaid agencies are grappling with staffing shortages and high turnover rates as they attempt to conduct an increased volume of work during the unwinding process.

In the interest of transparency and clarity for New Yorkers and my constituents, I respectfully request you provide information to the following questions:

1. What specific information and guidance has CMS provided to New York and other states as Medicaid offices prepare for the return to normal eligibility and enrollment operations?
2. Given the ongoing workforce and informational challenges that will make the disenrollment process more challenging, what has CMS done to prepare state Medicaid offices for the unwinding process?
3. How is CMS planning to support the state Medicaid offices as consumers may be exposed to fraudulent communications regarding their health care coverage during the unwinding process?
4. How is CMS working with state Medicaid offices to ensure eligible beneficiaries are not mistakenly disenrolled?
5. How will CMS plan to communicate and collaborate with states and its residents during the unwinding process to ensure those who are no longer eligible for Medicaid understand the required next steps to obtain coverage?

It is critical that CMS works with New York to ensure this transition period is thoughtful and transparent. Such an effort will require on-the-ground engagement, collaboration, and communication with enrollees and trusted community partners to ensure New Yorkers and all Americans are informed of the process and know where they can access coverage.

Thank you for your consideration. I look forward to hearing from you on this important, timely matter. Please let me or my office know if we can be of assistance in this process as the eligibility determinations commence. We stand ready to be of help in any way we can to protect the safety and health of New Yorkers.

Sincerely,



Marcus J. Molinaro
Member of Congress